

OFFICIAL TEAM ROSTER

DIVISION:				TEAM NAME		West Texas Baseball		
PLAYER NAME	#	T/B	AGE	ADDRESS	CITY	STATE	CL	SIGNATURE
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Please List Last Name - First

Varsity Head Coach Name: _____

Telep home # _____ email address _____

I CERTIFY THE NAMES AND ALL INFORMATION TO BE TRUE AND CORRECT

TEAM MANAGER - SIGNATURE	LEAGUE PRESIDENT - SIGNATURE
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2 COPIES: TEAM MANAGER
1 COPY: LEAGUE RECORDS

TYPE OR PRINT ONLY